



FORM 4: POPULATION GROUP DATA FOR DIRECT BENEFICIARY APPLICANTS

This form provides information on the number of persons who applied for CDBG Direct Benefit, and the distribution of those applicants among various population groups. Use one section per CDBG activity to be reported. The total for Direct Beneficiary applicants will include **all** direct beneficiary applicants, including those of Hispanic ethnicity. The total for Hispanic Direct Beneficiary applicants will include only those direct beneficiary applicants of Hispanic ethnicity. If reporting on more than two activities, use additional copies.

Grantee:			Project Number:		
Activity Number:			Activity Number:		
Activity Name:			Activity Name:		
	Total Direct Applicants	Hispanic Direct Applicants		Total Direct Applicants	Hispanic Direct Applicants
White:			White:		
Black/African American:			Black/African American:		
Asian:			Asian:		
American Indian/Alaskan Native:			American Indian/Alaskan Native:		
Native Hawaiian/Other Pacific Islander:			Native Hawaiian/Other Pacific Islander:		
American Indian/Alaskan Native & White:			American Indian/Alaskan Native & White:		
Asian & White:			Asian & White:		
Black/African American & White:			Black/African American & White:		
Am. Indian/Alaskan Native & Black/African Am.:			Am. Indian/Alaskan Native & Black/African Am.:		
Asian & Native Hawaiian/Other Pacific Islander:			Asian & Native Hawaiian/Other Pacific Islander:		
All Others:			All Others:		
TOTAL			TOTAL		
Female Head of Household:			Female Head of Household:		
Handicapped (Disabled):			Handicapped (Disabled):		
Elderly:			Elderly:		